



ABSENTEE BALLOT APPLICATION FOR MILITARY AND OVERSEAS VOTERS For Election to be held: NOVEMBER 2, 2010

State Form 51623 (R3 / 8-10) Indiana Election Commission (IC 3-11-4-4 and 3-11-4-5.1)

INSTRUCTIONS: This application is for an absent uniformed services voter or an overseas voter. The voter (or the voter's power of attorney) must **SIGN** the application below. If you are applying for a voter as the voter's attorney in fact, a copy of the power of attorney must be attached. You can return this application by U.S. mail, e-mail, or fax. Complete and return this application to your county election board, so that the application is received: (1) at least 8 days before the election if returning by mail; or (2) by noon of the day before election day if returning by e-mail or fax. If approved, this application will be valid for the 12 months following the application submission date.

Return by mail to county election board at this address: (Voter is not required to complete; address information may be preprinted by county.)

HARRISON COUNTY CLERK or, County E-mail: sherrybrown@harrisoncounty.in.gov
300 N. CAPITOL AVE, RM 203 County Fax Number: 812-738-3126

CORYDON, IN 47112 County Telephone Number: 812-738-4289

Application due by: / /20 (Voter is not required to complete; due date may be preprinted by county election board.)

1. APPLICANT'S MILITARY / OVERSEAS STATUS (Mark only one)			FOR COUNTY ELECTION BOARD USE DO NOT WRITE IN THIS SECTION
(a) A member of the uniformed services or merchant marine on active duty, or an eligible spouse or dependent currently residing in the U.S.			Township/Ward
(b) An member of the uniformed services or merchant marine on active duty, or an eligible spouse or dependent currently residing overseas			Precinct
(c) A U.S. citizen residing outside the U.S. temporarily			City/Town Description
(d) A U.S. citizen residing outside the U.S. indefinitely			
2. APPLICANT INFORMATION FOR COUNTY ELECTION BOARD			Council District
Name of Voter (Please Print)			Application Approved Denied Date Application Expires (insert day 12 months
Registration Address of Voter (Number and Street)			after the application submission date)
City/Town, State, ZIP Code		If application is denied, reason for denial:	
Date of Birth (mm/dd/yyyy)	Voter Identification Number (Indiana issued driver's license number, OR if voter does not possess driver's license, provide last 4 digits of social security number)		iver's
	(optional)		
3. HOW APPLICANT WISHES TO RECEIVE BALLOT; WHERE APPLICANT WISHES BALLOT TO BE SENT			
I prefer to receive my absentee ballot by: U.S. MAIL E-MAIL FAX			
NOTE: If you vote by e-mail or fax, you will be required to sign a statement on the cover sheet (Form ABS-9) acknowledging that you are voluntarily waiving your right to a secret ballot. The ABS-9 cover sheet must be returned with your e-mailed or faxed ballot. A voted absentee ballot sent by email must be transmitted to the county election board.			
Mailing Address (Number and Street)		E-mail Address	
City/Town, State, ZIP Code		FAX (Include all international prefixes)	
Country		Telephone	
4. FOR PRIMARY ELECTION ONLY (Complete IF you wish to receive an absentee ballot in the next primary election.) In Indiana, you must request a major political party ballot to vote in the primary election. However, you may vote for school board offices or on referenda held at the same time as the primary without voting a political party ballot.			
I apply for the ballots of the (check one box) Democratic Party OR Republican Party, a majority of whose candidates I expect to vote for in the general or municipal			
election; OR School Board Offices Only OR Public Question Only 5. AFFIRMATION OF APPLICANT			
I swear or affirm under the penalties of perjury that I am:			
1. A member of the Uniformed Services or merchant marine on active duty; or an eligible spouse or dependent of such a member; or, A U.S. citizen temporarily residing outside the U.S.; or Other U.S. citizen residing outside the U.S.; and 2. I am a U.S. citizen, at least 18 years of age (or will be by the date of the election), and I am eligible to vote in the requested jurisdiction; and 3. I have not been convicted of a felony and imprisoned following conviction, or other disqualifying offense, or, if so, my voting rights have been reinstated; and 4. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S., except the jurisdiction cited in this voting form. In voting, I have marked and sealed my ballot in private and have not allowed any person to observe the marking of the ballot, except for those authorized to assist voters under State or Federal law. I have not been influenced. My signature and date below indicated when I completed this document. The information on this form is true, accurate, and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for a conviction for perjury.			
Signature of voter:			Date signed (mm/dd/yy)
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